

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 711757 (5)**

1. Corporation Name

**G.F.W.C. PENSACOLA, INC.**

Principal Place of Business

**TRINITY PRESBYTERIAN CHURCH  
3400 BAYOU BLVD  
PENSACOLA FL 32503  
US**

Mailing Address

**P O BOX 11703  
PENSACOLA FL 32524  
US**

3. Date Incorporated or Qualified  
**11/04/1966**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**51-0175946**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISERMAN, RHONDA L  
3471 RIVER GARDENS CR  
PENSACOLA FL 32514**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **CRAWFORD, PAT**  
STREET ADDRESS **1236 TAMARA DR**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Cathy Nichols**  
1.3 STREET ADDRESS **2920 Inverness Place**  
1.4 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **VD** ☐ DELETE  
NAME **HENRY, TERRY**  
STREET ADDRESS **3414 APPLGATE ST**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **Lorenda Ortega**  
2.3 STREET ADDRESS **3489 River Gardens Cr**  
2.4 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **VD** ☐ DELETE  
NAME **HILLMAN, EMILY**  
STREET ADDRESS **113 GETTYSBURG DR**  
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **Lynne Mogg**  
3.3 STREET ADDRESS **4175 Tranj Rd**  
3.4 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **I** ☐ DELETE  
NAME **ISERMAN, RHONDA**  
STREET ADDRESS **3471 RIVER GARDENS CR**  
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **HUTTO, JUDI**  
STREET ADDRESS **2560 SEMORAN DR**  
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE **SD** ☒ Change ☐ Addition  
5.2 NAME **Nancy Martin**  
5.3 STREET ADDRESS **3225 Purcell Dr**  
5.4 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rhonda L. Iserman* **Rhonda L. Iserman** **2/21/96** **(904)484-0972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)